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PULMONARY GANGRENE.

CASES OF GANGRENE OF THE LUNGS, WITH PATHOLOGICAL AND PRACTICAL REMARKS.

BY J. A. ALLEN, M.D. OF MIDDLEBURY, VT.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 220.]

CASE VI. E. S. Buttolph, of Brandon, about forty years of age, by profession a mason, had been employed in his avocation for several months, when he experienced so much pain in the right side of his chest as to induce him to return to his home, where I saw him ten days after, July 22d, 1835. He was much emaciated, skin sallow, countenance sunken, pulse one hundred per minute, skin dry, appetite none, cough in severe paroxysms, and flinging from his lungs at least a pint daily of an ash-colored pus or matter, which evolved a strong gangrenous odor. He commenced raising this kind of matter six days ago. Respiratory murmur sonorous in both sides of the chest—distinctly pectoriloquous on the right side above the nipple; and, also, back of the dorsum of the scapula. Left side indistinctly pectoriloquous above the nipple—remaining portion sibilant rhonchus.

Pathological Conclusion.—Excavation in the right lung and gangrenous; left, small excavation or dilatation of the bronchiæ; general substance of the lung passing into the same state of sphacelation. *Prognosis.*—Event fatal.

M. M. As he was using a preparation of sanguinaria and opium, this was continued, with directions to use quinine, or the bark, as circumstances might require; and, also, chlorine inhalations. August 3d, he deceased.

Autopsy.—Dr. C. Bacchus, his attendant physician, has had the kindness to favor me with the subsequent sketch of the organic lesions found twenty-four hours after death.

"I found," says Dr. B., "in his right side, one complete excavation; not a particle that resembled lung or membrane remained. The inside of the ribs and diaphragm were considerably affected throughout their whole extent.

"The left lung, at its upper part, appeared natural; the lower and back part highly inflamed and gangrenous—no appearance of any ulcer or any attachment on the left side. The heart, stomach, and liver, appeared natural. The kidney, intestine, omentum, and peritoneum, on the right side, were firmly attached together, occasioned probably by

previous inflammation produced by a fall three years since. The left side of the abdominal viscera was natural."

It is to be remarked that the indistinct pectoriloquy on the left side was evidently produced by a dilated state of the bronchiæ, which is a very natural result of severe paroxysms of coughing.

Besides the six cases I have detailed, four others of a similar character have fallen under my observation. Two of these occurred in persons over fifty years of age. These recovered. The other two were young men, one of whom has recovered. The other has not yet terminated, but the gangrenous symptoms have disappeared. In these cases the same general plan of medication was adopted as in the cases reported. One of these persons took, however, a popular remedy, made by boiling the chips of white pine knots in water till a strong decoction was made, to which a sufficient quantity of honey was added to form a syrup.

Pathological and Practical Observations.—Gangrene of the lungs, in some instances, obviously commences with an inflammation of their parenchymatous substance, which in consequence of some specific action, or a particular abnormal state of the system, speedily terminates in sphacelus. It cannot be regarded as the natural sequence of either exhaustion or intense inflammation. Laennec, with some other pathologists, considers this termination analogous, or a near approach, to anthrax, malignant pustule, pestilential bubo, &c. G. Andral regards this affection to be dependent on local obstruction, or on some morbid and specific state of the system. "In the lung, as in other parts of the body," says he, "gangrene may succeed to every species of hyperæmia, whether mechanical or vital, provided it be so considerable as to impede or prevent the afflux of arterial blood to the part. In some persons the slightest stagnation of the blood has a remarkable tendency to be followed by gangrene of the part. This disposition to gangrene, which in these persons is *constitutional*, may be produced in others by the introduction of certain substances into the circulation, such as the ergot of rye, the poison of certain reptiles, &c." (Vide Path. Anat., Vol. ii. p. 320.)

The young man to whose case I have just alluded, that had not terminated, continues to expectorate purulent matter, which, at present, is inodorous, and has continued so several months; but what is particularly in point in the present inquiry, is that recently there has appeared on his right side, externally to the ribs, a large fungoid tumor, much resembling in its appearance, bleeding, sloughing, and reproduction, when destroyed with caustic, *encephaloid degeneration*, or *fungus hæmatodes*. This tumor is on the opposite side from that in which the lung became gangrenous. No diseased state of the ribs can be discovered. Did the gangrene of the lung and the fungoid degeneration originate from one and the same morbid and specific state of the body?

In April, 1832, I amputated a leg for a young man in Middlebury, by the name of Everitts, on account of a fungous exostosis situated on the upper portion of the tibia. The exostosis involved the whole bone, which was greatly enlarged, cellular, and interspersed with fleshy substance. At the time of the removal, the diseased part had become very painful, but in its incipient stage it had been comparatively easy; what pain had

been felt, had been mostly experienced in the heel. It had been about five months in forming.

In about three weeks after the operation, the wound was mostly healed. He continued well till September following, when he began to have pain in his back and hips, and about the middle of October a cough commenced. He emaciated rapidly, and his left lung became affected. He expectorated largely a foetid, dark-colored, and pitch-like matter. He died November 4th. No autopsy was made of the state of his lungs.

Although this case is not identical with gangrene of the lungs, it is, at least, *analogous*. It probably more nearly resembles carcinomatous affections. The affection of the tibia and of the lungs arose, it can hardly be questioned, from the same constitutional derangement. And yet, it is evident it ought not to be regarded as ordinary gangrene of the lungs, although it was evident, from the fœtor evolved by the matter ejected from the lungs, that sphacelation existed. It was probably the same species of sphacelation that occurs in encephaloid degeneration.

In short, from such cases as these, it would seem conclusively established that some cases of pulmonary gangrene arise from the constitutional affection under consideration; while in other, and probably more frequent instances, this affection is a sequence of congestion or stagnation of the arterial blood in the part, thereby causing a species of strangulation, and consequently mortification of the part thus implicated.

Gangrene of the lungs, from whatever cause it may originate, presents itself, according to Laennec and Andral, in the following forms.

1. *Uncircumscribed*.—The name of this variety sufficiently designates the pathological character. In this form it is a very rare complaint. In twenty-five years Laennec never saw but two cases, and he knew only five or six in the Parisian hospitals during that period. The disease in this form occupies the great portion of the lung, and the patient dies suffocated. "The interior of the lung then presents," says Andral, "one or more undefined patches, in which the parenchyma is remarkable for its gangrenous fœtor, brown or livid color, and diminished consistence."

2. *Circumscribed*.—"This variety," says Laennec, "exists in three different states, that of recent mortification or gangrenous eschar, that of a dequescent sphacelus, and that of an excavation produced by the softening and evacuation of the sphacelated spot."

This variety of gangrene constitutes the ulcerous phthisis of Bayle. This variety forms suddenly and makes a gangrenous excavation in the lung. "In a short time," says Laennec, "the patient begins to expectorate sputa, which at first is only disagreeable, but soon becomes of a gangrenous fœtor." Pulmonary gangrene in general is characterized by extreme prostration of strength, a peculiar odor, and a greenish or grayish color of the expectoration."

M. Bouillaud states the general symptoms of the disease in question to be "fœtor of the breath and expectoration, with or without the presence of blood, or rather black sanies—great prostration of strength, and a tendency to faintness on any muscular exertion—a smallness and contraction of the pulse—a leaden, pale or bluish aspect of the countenance, and aridity of the skin." (Vid. *Medico-Chirurgical Review*, Vol. iv.

p. 498.) Dr. Chambers has published some interesting cases of gangrenous suppuration of the lungs, in the London Medical Gazette, in which he has pointed out "the horrible fœtor of the breath as a diagnostic mark of the disease." (Vid. Med. Jour. of Foreign Med. Vol. iii. p. 382.) Taken in connection with other symptoms, it can hardly be mistaken, and, indeed, it would seem hardly possible for any person to mistake the complaint, even from this odor, it is so perfectly like that evolved from a sphacelated limb. Laennec regards "this peculiar odor, together with the greenish or grayish color of the expectoration and the extreme prostration of the strength, as the characteristic signs of pulmonary gangrene."

Event.—The circumscribed variety does not appear to be a very fatal disease. "I have known," says Laennec, "several patients recover who had all the symptoms of it; and some of these, judging from the extent of the pectoriloquism, had gangrenous excavations of great extent." (Vid. Laen. p. 232.) M. Louis mentions four cases of partial gangrene of the lungs at the *La Pitié*, three of which terminated favorably. (Vid. North Amer. Med. and Surg. Jour. Vol. xi. p. 210.) And Dr. S. Littell, Editor of the Monthly Journal of Foreign Medicine, in the third vol. page 384, says, "Patients more frequently recover from this than from other forms of purulent expectoration."

In the 9th vol. of the Boston Medical and Surgical Journal, page 370, is a case mentioned which was reported by Dr. Stokes, of Dublin. The patient was an unfortunate man, who in a state of beastly intoxication rolled out of bed, quite naked, and lay all night on a damp floor. He awoke in the morning extremely ill, with a severe pain in the side. His breathing became very much affected, and he began to cough up a quantity of dark fetid matter. He had stethoscopic signs of a cavity in the left lung, severe hectic, breath and expectoration extremely offensive, when he was admitted into the hospital. He was ordered to have wine, nourishing diet and chlorine inhalations. He took also internally the chloride of lime. There was a gradual diminution of the offensive odor, and the smell ceased to be offensive to persons in the ward. "On this plan of treatment we kept him," says Dr. Stokes, "for some days, when the stench of the expectoration and the breath having entirely ceased, we omitted it altogether."

"I would advise you, therefore," says he, "in every case of mortification of the lungs, to direct your patient to use a good nutritious diet, and make him constantly inhale an atmosphere of chlorine."

From the preceding cases and observations, it would seem that ordinary gangrene of the lungs is a less dangerous complaint than we should naturally, *a priori*, infer. Such has been my experience, and such, it appears, has been that of others. Dr. W. W. Gerhard has reported ten cases which occurred in the Philadelphia hospital, in the 36th number of the American Journal of Medical Sciences, from which it appears that one half recovered. This accords with my observation.

As a general rule, gangrene of the lungs occurs in exhausted subjects, is attended with much prostration, and consequently requires as counter-acting agents, preparations of cinchona, nutritious broths, cantharides,

opium, &c. If pain occur in the side, which is frequently the case, and denote inflammation of the pleura, a special treatment may be requisite, such as cupping, vesication, &c. all of which, to be useful, must be adapted to the exigency of the case.

Middlebury, Vt. Oct. 1836.

VEGETABLE DIET AND CORRECT REGIMEN.

[THE following communication came to us with so many codicils and pencil erasures, that we were in considerable doubt about the intention of the writer. Not wishing to withhold any information which can be even remotely beneficial to society, and at the same time desiring to comply as far as possible with the design of the author, whose name was appended to the article, we have put a liberal construction upon his apparent motive, and published nearly the whole, presuming that such a disposition of the manuscript was really intended.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The Albany Asylum for orphan and destitute children was founded in Dec. 1829, and placed under the superintendence and care of a lady well qualified for the responsible situation. The house occupied for the first two or three years was not sufficiently capacious and airy for the number of inmates, varying, as it then did, from 70 to 130. Great attention, however, was paid to cleanliness and ventilation of the house, and to the personal cleanliness of the children. In addition to the daily washing of the hands, face, &c., their little bodies were washed all over as often as once in two or three weeks.

The food of the children consisted of bread, milk, rice, potatoes, and the various other farinaceous grains, vegetables, and fruits, plainly and simply prepared, and also flesh or flesh soups once a day. During the first three years it was found necessary constantly to occupy one room as an infirmary, in which from four to six children were for most of the time on the sick list, so that the attention of one female was devoted principally to nursing the sick. The sickness was frequently severe, and in many instances proved fatal, so that during the first three years there were twenty-eight deaths in the Asylum, eight of which were by epidemic cholera in the summer of 1832.

Early in the spring of 1833 the children were removed to a large and commodious edifice, erected for the purpose by the benevolent citizens of Albany. The diet and general regimen continued unchanged for five months in the new building, and the general state of health in the institution much the same as before, with the exception that several cases of smallpox and scarlet fever, five of which were fatal, occurred after moving into the new building. Here a room was set apart as an infirmary, and from four to six children were generally under the care of the nurse.

In August, 1833, a change took place in the management of the institution. The excellent individual who had been principally efficient in

originating, and who had hitherto superintended the Asylum, now found it necessary to leave, and her place was supplied by a lady, who had some months before been induced to adopt, in her own practice, the vegetable system of living. The lady associated with her in the department of teaching had also, about the same time, adopted the same mode of living. As these individuals believed they had been much benefited by their new system of diet and regimen, they were anxious that the same should be generally adopted by the inmates of the institution. The desired change, they were permitted to make; and they banished, by degrees, flesh and flesh soups, and all kinds of animal food, except milk. In regard to food, drink, bathing, sleeping, air, exercise, &c. &c. the doctrines constituting what is known as the essentials of that system were strictly adopted, so far as understood by these two individuals. The result was, gradual but decided improvement in the health of the children. The infirmary, which at the time this change took place had five or six inmates, was soon entirely vacated, and disease wholly disappeared from the institution, except when introduced by children coming from the almshouse and other places, and only on such occasions were the physician's services required. Nor even when thus introduced, did disease long remain in the Asylum; but, to use the language of the attending physician, it flew away almost as soon as it was brought in there. And although most of the children there had been received from the almshouse and other places, and were in a very bad state of health, yet except in a very few cases of advanced and irremediable disease, or imperfect organization, all these children have rapidly improved, and soon become established in excellent health.

About three months after this change of regimen was adopted, a child was taken in from the city, bringing with it the disease commonly called scald head. This disease, which in such an institution generally spreads with great rapidity, and is extirpated with difficulty after a duration of many months, was in this case so promptly and vigorously met by a thorough regimen, that before it had extended over half the school it was entirely expelled from the institution.

An idiot child of extensive malformation and extremely feeble vital powers, was received from the city in a wretched condition, about three years since, and by great care has been kept along till a recent period, when it died. Within a few months another idiot, with two other children, came in from the almshouse, in miserable health. The idiot and one of the others died, and the other has been restored to health.

Now excepting the cases which I have specified, there has been no instance of death or sickness in the whole institution, averaging about 80 children, during the last three years. This is without a parallel in such institutions, as far as I am informed. The attending physicians and friends of the Asylum have been not less surprised than gratified at the result. The children enjoy the best and most uniform health. They are remarkably cheerful, sprightly, active, strong, and happy. The principal in the teaching department declares that a very marked improvement in the mental activity, power of comprehension, and intellectual capability, soon followed the change of diet. She says that the

quickness and acumen of their mental apprehension, the power of comprehension and retention, daily astonish her; and both the ladies affirm that an equally manifest change has taken place in their temper and disposition. They have become far more docile, tractable, and manageable in all respects, and more kind and peaceable in their intercourse with each other. It should be observed that the two ladies who have now the care of the institution have been connected with it, and have had much the same care of the children, from the beginning; and these individuals, whose duties are extremely arduous, living on the same system, have enjoyed uninterrupted health since they adopted it. E. J.

ON THE NATURE AND TREATMENT OF CALCULOUS DISEASES.

BY BENJAMIN W. DUDLEY, M.D. LEXINGTON, KY.

[Continued from page 187.]

In most instances where large calculi are extracted, the bladder is left for a time, by reason of the violence done it in the operation, incapable of acting upon its contents; and during this temporary suspension of its expulsive power, it is desirable the urine should have a free and unobstructed passage through the external wound. With this view, after every operation, the patient should be confined upon his left side, until by the secretion of coagulable lymph throughout the whole extent of the wound, a barrier is thus constituted against infiltration of urine; for if the communication between the cavity of the pelvis and that of the bladder be more direct than that through the external wound, it is clear the patient is in immediate danger; but when the position on the left side is maintained, whether the bladder has suffered a temporary suspension of its active power or otherwise, no accumulation will ordinarily take place in its cavity, since, according to the common principle of gravity, the urine will escape with almost the same regularity which governs this secretion.

After all the observations I have been able to make upon the different modes of performing the lateral operation, together with the various instruments that have had each a preference among the surgeons of most distinction, I cannot withhold my approbation of the gorgets of Mr. Cline. These are received as superior to all other instruments bearing the name, from their greater simplicity in construction, and because they are conceived to answer most perfectly the intent of the operator. The gorget is a knife which makes the incision as it enters the bladder; nor does it make one of less or greater dimensions than is designed by the operator, but precisely of the extent proposed.

In using the scalpels of the different surgeons, the incision is made after entering the bladder by means of a lateral movement of the hand, and consequently more to the hazard of the patient, inasmuch as it is subject to all the casualties from different degrees of resistance in the parts to be divided, from their remoteness from the surface, from their

size, from the length and breadth of the blade of the scalpel, and from the manner of holding it. Who could pretend to accuracy in a piece of dissection carried on upon parts, to reach which, the instruments are passed through an obscure medium? And yet the operation for calculus with the scalpel is commended to public approbation, notwithstanding the remoteness of the parts to be operated upon deprives the surgeon of all the advantages of sight and touch, the two senses by which he is governed in all his operations.

There is no correspondence between the opening made by the gorget in the bladder, and the calculi to be extracted, as these vary from the size of a kidney bean to that of an ordinary orange in magnitude. But the advantage insisted on in favor of the use of the gorget, consists in the relative safety of the patient against hæmorrhage or infiltration, with consequent inflammation and sloughing. Let the prostate gland be enlarged or of its natural size, indurated or broken down, inflamed or healthy, the incision made by the gorget cannot vary in extent or position. The staff being held firmly in one hand, while the other directs the gorget into the bladder, no varying condition in the anatomy of the parts can in any respect effect the extent of the incision. It may, and is often found to be, too small for the passage of large calculi, and an important principle is there involved, while that laid down by many authors of distinction cannot be regarded as correct in practice. Incisions made with sharp instruments are more inclined to heal by the first intention, than bruised and lacerated wounds. The former under favorable circumstances are followed by a small degree of inflammation; the latter necessarily requires more, in order to relieve the bruised and lacerated surfaces from the violence done, as preparatory to re-union.

But if in the former there is great additional danger incurred from hæmorrhage, or from infiltration of urine followed by inflammation and sloughing, dangers consequent to the uncertain extent of the incision made through the prostate gland and neck of the bladder with the scalpel; then the whole aspect of the subject becomes changed, and the question comes up for decision, between the dangers proceeding from hæmorrhage, infiltration and inflammation with sloughing, in an incised wound on the one hand, compared with a bruised and lacerated wound on the other.

There can be no difficulty in deciding in favor of the comparative safety of incised wounds generally. No one doubts the additional danger proceeding from contusions and lacerations of wounded surfaces. It is in this particular especially that a gun-shot differs from wounds inflicted by the small sword, sabre, or bayonet; and while surgeons may encourage the latter to heal by the first intention, they as uniformly keep the gun-shot wound open, in order to favor the discharge of the dead parts along the line of the bullet. Without this precaution, under ordinary treatment, great additional pain, swelling and constitutional derangement are apt to ensue in these wounds, which by many are believed to be of a specific character; and which from their supposed peculiar nature, are encouraged in the sloughing process, as necessary to restoration.

The position of the wound in the bladder is especially favorable to the healthy recuperative processes of nature, and offers in itself an admirable

subject for reflection to the surgeon, on an improved treatment of wounds of a like description elsewhere. Uniform warmth and moisture are secured to the wounded surfaces of the parts; nor are they entirely destitute of the advantages of pressure. In gun-shot wounds all the ordinary actions, consisting in inflammation, swelling, sloughing and granulation, by which the parts are finally restored to health, may be superseded by the direct process of adhesion, wherever mechanical pressure can be constantly and efficiently applied, and this is aided by the advantages of warm ablution. Mortification of the surface of a gun-shot wound is an incidental consequence, and may be prevented in most cases of wounds of the extremities. Even when complicated with fracture of the humerus, extending into the elbow joint, the adhesive process has been established by the bandage, kept wet with warm water, and thereby the compound reduced to the state of a simple fracture. The innocent character of the violence done to the bladder, in extracting large calculi through small openings, when compared with the history of a gun-shot wound, must be manifest to the most superficial thinker. Lacerated wounds upon the surface of the body are often observed to heal kindly. We are taught this, among a number of cases, by the instance of an individual whose arm and shoulder-blade were dragged off from his body; and in not less than sixty out of the whole number of those who have submitted to the operation of lithotomy, calculi were extracted, the dimensions of which would require, but for the yielding of the parts, an incision which would have endangered, in every instance, the plexus of bloodvessels on the lateral portion of the bladder; and yet the opening in the bladder in these cases was made by the gorget of Mr. Cline, of medium size, an instrument not large enough to exceed the lateral limits of the prostate in the full-grown subject, and in the use of which the bloodvessels on the side of the bladder were not exposed to danger. An incision in the neck of the bladder from one half to three fourths of an inch in length, the precise extent being somewhat regulated by the nature of the urethra and prostate gland, answered for the extraction of calculi, varying from four to nine, and in one instance—the case of Steele already noticed—eleven inches in circumference. Notwithstanding the necessary laceration of these parts, in the passage of the calculus through the wound, yet every one recovered; while there was no difficulty from infiltration and inflammation, except in four cases. Parson King, residing on the banks of the Cumberland, a man seventy years of age, of short stature and remarkably large and heavy, submitted to the operation of lithotomy, and had instruments introduced into the bladder not less than twenty times before all the calculi, thirteen in number, were extracted. The great depth of the wound in order to reach the bladder, together with the embarrassment proceeding from a pelvis of unusually contracted dimensions, created much difficulty in the search after, and the extraction of the calculi. But after he was placed in bed, not a drop of urine escaped by the wound, while it was necessary to introduce a catheter to draw it off, as often through the day and night as seemed proper, in order to prevent painful distention, and to guard against infiltration.

At the end of the sixth day from the operation, the bladder assumed its control over its contents, when the catheter was discontinued, and in a week more the patient was well.

Dr. Burnett, of this vicinity, had the forceps introduced not less than forty times, for the extraction of thirty-one calculi of various sizes, and yet before the tenth day the bladder was closed, and the outer wound cicatrized by the twentieth from the operation. One of the earliest settlers of this city, when in the seventy-third year of his age, a large man, weighing two hundred and thirty pounds, submitted to the operation, and had a calculus taken from him of two and a half inches in diameter. The extreme depth of the perinæum, the prostate being beyond the reach of the finger, made it necessary to direct the forceps into the bladder by means of a director, and the size of the calculus, when contrasted with the contracted nature of the wound through the bladder, prostate and parts more superficial, rendered the grasp of the calculus with the forceps a difficult achievement. After a long and varied effort, during which the bladder and prostate were dilated and lacerated, the opening was made large enough to admit of its extraction. But the force used with the forceps was sufficient to have drawn the patient off the table, and yet he recovered in the usual time, and without any untoward symptom: no sloughing, and not so much inflammation as to call for evacuant remedies, or even for the use of warm ablutions to the groin and perinæum, supervened.

Cases like the preceding can scarcely admit of misconception; and they are calculated to sustain the merited confidence of the profession in the lateral operation: but the great amount of fatality attending it in the large cities of Europe, under the hands of the most distinguished surgeons of the two great capitals, has no doubt exerted a large share of influence in originating a treatment, whereby a cure is proposed without the necessity of using any cutting instruments. This operation of Civiale is pressed upon a credulous public, not so much on account of conclusive arguments to establish its intrinsic merit, as from the want of success, and the unpopularity of that which is more generally in practice. The fearful consequences of all extensive wounds in large and crowded cities, such as London and Paris, and the great mortality consequent on many capital operations in surgery, is well calculated to suggest innovations in the principles and practice of the profession, tending to curtail the use of the knife. And although the operation of Monsieur Civiale is in conformity to this principle, which for a long time has constituted a rule of practice, among the surgeons of London and Paris, in injuries of the head, and in fractures, still, however, its advocates are very few in number, while it is even condemned in the French capital, where, if it were entitled to credit, that credit would certainly be bestowed. Inflammation never takes place, to an injurious extent, after an operation in a pure atmosphere, provided the patient has been prepared by appropriate medicine, and by proper restrictions in food, both in quality and quantity. When all the organs of the body are in the exercise of their healthy functions, the only struggle after an operation, is made by nature with a view to restore the integrity of the parts operated upon; and however

great the violence sustained in the part, as a consequence of the operation, provided there is no diseased link in the chain of animal associations, there will be no response in the general system indicating disease; while all re-action will be confined within the limits of the restorative efforts of nature. But provided all recuperative power is destroyed in the part operated upon, the shock of the general system, and the danger, will correspond to the extent and the location of the sloughing. The recognition of this principle is calculated to add in a material degree to the safety of him who may become the subject of a capital operation, at the same time that it composes an important item in the materials constituting the science of surgery.

Out of the whole number of those upon whom the operation has been performed, there are three youths, who got out of bed with incontinence of urine; and although this mortifying result of the operation was watched in each case, for several years, with the expectation that at puberty, if not before, the part might regain its retentive power, yet by reason of a change of residence, I have lost sight of their history, and am not prepared to state at present what change may have been the consequence of puberty upon them. The calculus was not large in either instance, nor was there any occurrence in regard to the character of the operation, the use of the forceps, in the extraction of the calculus, or the subsequent treatment, which could lead to an explanation of a defect in the bladder so distressing. It is presumed to have originated in some morbid union of the parts divided, at or about the neck of the bladder: but upon the cause to which this is attributable, I am wholly uninformed.

(To be continued.)

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 16, 1836.

MEDICAL PERIODICAL LITERATURE.

A PROSPECTUS of another new publication, with the title of *THE AMERICAN MEDICAL LIBRARY AND INTELLIGENCER, a concentrated record of Medical Science and Literature*, edited by Granville Sharp Pattison, M.D. and Robley Dunglison, M.D., of the Jefferson Medical College, Philadelphia, at a subscription price of ten dollars a year, has been politely sent to this office. A few weeks ago the profession were notified that Dr. Bell, of the same city, would very speedily commence a similar enterprise. Now it is quite clear that one or both of them must necessarily be doomed to a short existence. Not, however, because there will be any want of talent in conducting them. It is impossible for the profession in the United States to sustain them in a way to ensure their permanency.

When the Register and Library of Medical and Chirurgical Science was undertaken, by General Green, at Washington, and its editorial

management confided to Dr. Pattison, no one in New England believed that it would succeed. Although it was conceded that Dr. P. was eminently qualified to conduct the work, and had it in his power to command as much, if not more medical influence than almost any other man, still no one had confidence in the scheme. In the specimen number before us, of the proposed Library, these predictions are shown to be verified: in a word, the project has failed. General Green says, in speaking of that irregularly and slovenly printed Library, which was to have swallowed up the world of scientific works, that "It has been got up at my risk and at an expense of more than twelve thousand dollars to me—which expense and risk were mine, and which, together with the entire cost of publication, are to be first paid to me before your interest commences; and then you are to have one half of the profits for and in consideration of your services as editor." This was addressed to Dr. Pattison, who wisely chose to save his time when he discovered he had lost his money. With our best wishes for his future success, we cannot divest ourselves of the idea that he will ultimately abandon the newly projected Journal, with the same feelings of disappointment which he expresses in leaving the first. Dr. Dunglison is an excellent coadjutor—learned and industrious to a proverb—but who will pay the publisher? A rivalry is beginning to be manifested. Mr. Waldie will not take hold of the plough and look back. Dr. Bell will never admit there are any obstacles in the highway of fame, to impede his progress; and Gen. Green, with ten tons of stereotyped plates of the Register, is not to be frightened out of his prospects.

Having no interest at stake, and being actually solicitous for the prosperity of the trio, we shall exhibit our friendship for each, by circulating their respective Journals wherever their interest can be best promoted by our personal exertions.

With ten years experience, no one can doubt our thorough acquaintance with what is called the patronage of the medical public. Public stocks yield more than subscription lists. There is not a profitable Medical Journal in this country—and what is still more surprising, there never was one—and worse still, there is not likely to be one.

A CARD.

DR. NORTH, of Hartford, Con., tenders his grateful acknowledgments to the numerous individuals who were so kind as to forward to him a statement of the effects of vegetable diet on their own persons, in reply to some specific inquiries inserted in the Boston Medical and Surgical Journal of March 11, 1835, and in the Philadelphia Journal of the same year. Although many months elapsed before the answers were all received, yet the writer is fully aware that these communications ought to have been published before this. His apology is a prolonged state of ill health, which has now become so serious as to threaten to drive him to a southern climate for the winter. In this exigency, he has solicited Dr. W. A. Alcott, of Boston, to receive the papers and give them to the public as soon as his numerous engagements will permit. This arrangement will doubtless be fully satisfactory, both to the writers of the communications and to the public.

Hartford, Nov. 4, 1836.

Carbonate of Soda in Dyspepsia.—From a work recently published by Mr. Neville, in England, we condense some remarks on the use of soda in indigestion. For the purpose of experiment, Mr. N. selected two healthy young monkeys, nearly of an age. They were placed in a comfortable warm room, and allowed little exercise. They had tea, bread and butter, with some animal food, for breakfast; meat, vegetables, fruit pies, raw fruit, beer, and wine, for dinner; and tea and supper as these meals are taken among the middling classes of society. They were treated precisely alike, excepting that to one, and not to the other, a drachm and a half of the carbonate of soda, dissolved in water, was regularly administered in three doses every day. At the end of six months, the one to whom the soda had been given was plump and lively; the other was thin, spiritless, and obviously diseased. The same experiment was repeated, with precisely similar effects, on two other animals, of the same species; and also a third time, upon two strong whelps of the Newfoundland breed of dogs, without any material difference being observed. Upon dissection, no trace of disease could be found in the bodies of those who took the salt three times a day, which was always very apparent in those of the others. The experiment was also tried upon twin boys, very healthy children, under the care of two different dry nurses. They were treated alike, except that to one was given a mixture of liquor potassæ, infus. rhei, aqua anethi, and simple syrup, a teaspoonful night and morning; and this child thrived and was robust, whereas the other looked puny and in bad health. A gentleman aged forty was relieved, says Mr. N., from a long-continued indigestion, by "two drachms of carbonate of soda, twice or thrice a day, in a bitter infusion." Additional similar cases are given; but there are probably disadvantages connected with the constant use of this medicine, against which our author has neglected to warn his readers.

Blood-letting.—The first European work which the editors of the American Library propose publishing, is Dr. Wardrop's Treatise on Blood-letting. If they would take into consideration the claims of Dr. Holmes's Prize Essay, it is possible it might be the second.

McLean Asylum.—Who will be appointed physician of this institution? This question is so frequently asked, and by gentlemen, too, residing at a distance, that we are obliged to say that no person has been named, to our knowledge. The Board of Trustees are men of sound discretion, who have the best interests of that noble charity at heart, and it is morally certain, therefore, that they will make a judicious choice.

Medical Science in New York.—"The degenerate condition of the medical profession in New York, in consequence of the introduction of irregular practitioners, is the subject of some remarks in a Philadelphia paper, in which it is said that New York has a greater variety of physicians than any other city in the world. An enumeration of these includes Regulars, Irregulars, Broussaisians, Sangradoarians, Morrisonians, Brandethians, Beechitarians, Botanics, Regular Botanics, Thomsonians, Reformed Thomsonians, Theoretical, Practical, Experimental, Dogmatical, Emblematical, Magnetical, Electrical, Diplomatical, Homœopathians, Root-

ists, Herbists, Florists, and Quacks. The editor of the New York Star urges as a corrective to a state of things so nearly affecting the welfare and life of every individual, the formation of a Medical Board, after the example of France; where students should receive their diplomas impartially and entirely in reference to their competency—not to the College whose lectures they have attended. Thus it is in Paris, where the doors of all the colleges, hospitals, schools and museums, are thrown open *gratuitously* to the world; and with her 700 professors, her 30 or 40 hospitals, her 6 or 7000 medical pupils, everything is in correspondence; and the respectability and progressive advancement of the science is sustained beyond the reach of ignorant pretension, as a blessing of incalculable importance to the world."

From a long personal acquaintance with a great number of the professional gentlemen of New York, we are led to dissent altogether from the opinion advanced in the above paragraph. That there are troops of quacks, foreign pretenders of all grades, from pill makers to magicians, cannot be denied; they abound in Boston, also, and are quite as successful in their knaveries as in other cities: but the citizens of New York may well be proud of the great amount of talent, learning, and skill of the regular physicians—and if they have any interest in sustaining the profession in all its usefulness, they must act decidedly in discountenancing all possible forms of charlatanism.

Maltreatment of a Fractured Leg in Gen. Lafayette.—M. Jules Cloquet relates the following instance of bad surgery on the part of the celebrated surgeons Boyer and Deschamps.

"During his last illness, Lafayette related to us more than once the particulars of the treatment he underwent in 1803, for the fracture of a thigh, caused by falling from a height; Deschamps and Boyer, whose memories I respect, and under whose care I was educated, were called in, and enclosed the limb in a machine constructed so as to maintain it in a state of continual extension. Lafayette having promised his surgical friends that he would patiently endure the pain and inconvenience necessarily attendant on the treatment, did not give utterance to a single complaint, and did not betray the least sign of being in pain for the whole of the twenty days which elapsed before the apparatus was for the first time removed; when it was removed, however, his surgical friends could not conceal their consternation; Deschamps turned pale, and Boyer appeared thunderstruck. The bandages of the upper portion of the apparatus had, by their pressure, cut deeply into the flesh, and exposed the femoral artery, while the skin of the dorsum of the foot was rendered gangrenous by the inferior bandages, so as to lay bare the extensor tendons of the toes. More than five weeks were required to heal these wounds, and when the cure was completed, an almost complete ankylosis of the hip joint had taken place, so that he was lamed for life."

Want of the Sagittal Suture.—Mr. Wallace, surgeon in the British Navy, has lately had the opportunity of examining the heads of four negroes from the western coast of Africa, in all of which the sagittal suture was wanting. This can hardly be thought an accidental occurrence, and leads to the conclusion, though exceedingly remarkable, that such is the usual cranial conformation in this race of blacks.

Medical Miscellany.—The American Almanac has killed Dr. Chaubert, the fire king. One year ago he also died, according to another account. However, he was alive, in *medias res*, on Saturday.—Dr. Stevens, of New York, prosecuted, lately, a Col. Hart, for surgical attendance on a fractured leg, which the ungrateful patient refused to pay, because the limb was two inches shorter than the well one. The doctor got the case—that is, \$75.—Aldis Brainerd, a dentist of Charleston, S. C. for bigamy, has been sentenced to pay a fine of \$1000, and suffer two years imprisonment in a dungeon.—The number of deaths in Boston by yellow fever from June 23, 1798, to October 22, same year, was 145. It was estimated by Dr. Rand that 8000 inhabitants left the city during the sickness. In New London, Ct., the same year, the number of deaths from the disease was 81. In New York, from Aug. 1 to Nov. 10, 2086. Two thirds of the inhabitants were said to have left the city. In Philadelphia, same year, exclusive of those who died in the country, 3645. Forty thousand inhabitants, it was thought, left the city. In Wilmington, Del. 250 perished.—Five hundred and fifty-six persons were examined last year by the London Society of Apothecaries. Nine hundred and sixty-two were also registered in the provincial schools.—A great man is now exhibiting in this city, by the name of Daniel Bracket, who measures eight feet round the body and weighs seven hundred pounds.—Charles Anderson, agent of the "Universal Statistical Society of France," recommends, in Silliman's Journal, the formation of a general Statistical Society in the United States.—In England all medical practitioners, by the new medical bill, must attend inquests by the summons of the coroner under a penalty of £5. The fee is one guinea, and two guineas for a post-mortem examination. The summons must be issued at the request of a majority of the jury.—A man at Cambridge, the other day, swallowed a wine glass full of muriatic acid, which his wife gave him by mistake for wine of antimony. Dr. Toothaker has promised us the particulars, hereafter.—The quack oculist, Williams, is getting into worse odor in Philadelphia, if possible, than in Boston.—The papers mention the death of William Roath, aged 35, of Lenawee Co. Mich. caused by Lobelia and No. 6.—Yellow fever has raged with uncommon violence, according to the latest accounts, at Barbadoes.—A new kind of saddle has been invented at New Orleans, for moving the wounded in time of battle. The War Department think well of it, for fifty have been ordered on account of government.—Dr. Bradley, at the last accounts, was near Bancoek, Siam. He was consulted professionally by a great many, who had a disease of the legs, but would not permit the doctor to prescribe for both at once. If one did well, the patient thought of allowing him to begin on the other. Happily he afterwards effected a cure of both.—A great number of children have died at Fall River, Mass., of late, of measles and bowel complaints.—Dr. Jackson's lectures on geology have commenced, at the Odeon, in this city.—Dr. Bartlett, of Lincoln, Me., has been convicted of the crime of adultery, at the present sitting of the Supreme Court.—One of the secret methods of curing stammering, consists in rapidly pronouncing the word *demoglossaktje*.—Dr. Bigelow is at present delivering the Clinical Lectures in the medical department of the Mass. General Hospital, instead of Dr. Jackson, the late Professor of the Theory and Practice of Physic?

DIED,—In New York, Daniel Sackett, M.D. aged 24.—At Newburn, N.C. Dr. William Saunders, 37—a native of Warwick, R.I., a highly worthy man.

TO CORRESPONDENTS.—In order to present entire, in one number, the interesting report from the U. S. Marine Hospital in Chelsea, it is reserved till next week. —The singular case of loose cartilages will also appear soon.

THE PRIZE ESSAYS.—Circumstances have prevented the notice that was intended, this week, of the Boylston Prize Essays. By postponing it, more opportunity will be had for comparing the character of one with another, and pointing out the just claims of each.

Whole number of deaths in Boston for the week ending November 12, 30. Males, 18—females, 12.

Nervous, 1—dysentery, 1—old age, 2—consumption, 7—fits, 2—infantile, 5—croup, 3—dropsy on the brain, 2—nervous fever, 1—apoplexy, 1—bilious fever, 1—disease of the brain, 1—brain fever, 1—paralysis, 1—stillborn, 3.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835.

June 15—eoptf

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	- - - - -	DR. WARE.
On the Principles and Practice of Surgery	- - - - -	DR. OTIS.
On Anatomy	- - - - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Jan 20—lyep

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1836.

tf—Oct. 19

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

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